

Exhibit P

**(Valentine Life, Inc. Amended Officer
and Director List)**

Exhibit P

(PROFIT) INITIAL ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS

LICENSE APPLICATION OF:

ENTITY NUMBER

VALENTINE LIFE

E0003922016-5

NAME OF CORPORATION

FOR THE FILING PERIOD OF

JAN, 2017

TO

JAN, 2018



100103

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: *Read instructions before completing and returning this form.*

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional officers, attach a list of them to this form.
3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number 20170345793-51
Barbara K. Cegavske	Filing Date and Time 08/12/2017 12:42 PM
Secretary of State	Entity Number
State of Nevada	E0003922016-5

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes001 - Governmental Entity
006 - NRS 680B.020 Insurance Co.**NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**

This corporation is a publicly traded corporation. The Central Index Key number is:

This publicly traded corporation is not required to have a Central Index Key number.

NAME <input type="text" value="NICHOLAS KHO"/>	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS <input type="text" value="8121 GOTHIC AVE"/>	CITY <input type="text" value="LAS VEGAS"/> STATE <input type="text" value="NV"/> ZIP CODE <input type="text" value="89117"/>
NAME <input type="text" value="NICHOLAS KHO"/>	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS <input type="text" value="8121 GOTHIC AVE"/>	CITY <input type="text" value="LAS VEGAS"/> STATE <input type="text" value="NV"/> ZIP CODE <input type="text" value="89117"/>
NAME <input type="text" value="NICHOLAS KHO"/>	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS <input type="text" value="8121 GOTHIC AVE"/>	CITY <input type="text" value="LAS VEGAS"/> STATE <input type="text" value="NV"/> ZIP CODE <input type="text" value="89117"/>
NAME <input type="text" value="NICHOLAS KHO"/>	TITLE(S) DIRECTOR
ADDRESS <input type="text" value="8121 GOTHIC AVE"/>	CITY <input type="text" value="LAS VEGAS"/> STATE <input type="text" value="NV"/> ZIP CODE <input type="text" value="89117"/>

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X NICHOLAS KHOTitle
 Date
**Signature of Officer or
Other Authorized Signature**Nevada Secretary of State List Profit
Form: 100103 Revised: 7-1-17